



DEPARTMENT OF THE NAVY
PERSONNEL SUPPORT ACTIVITY
937 NORTH HARBOR DRIVE
SAN DIEGO, CALIFORNIA 92132-5190

PERSUPPACTSANDIEGOINST 1050.2D CH-2
Code 50
18 August 1994

PERSUPPACT SAN DIEGO INSTRUCTION 1050.2D CHANGE TRANSMITTAL 2

Subj: FUNDED EMERGENCY LEAVE TRAVEL ORDERS (OUTUS)

Encl: (1) Sample Order with Appropriation Data

1. Purpose. To transmit change 2 to the basic instruction.
2. Change. Remove enclosure (1) of the basic instruction and replace with the attached enclosure.
3. Cancellation. When the basic directive is superseded by a revision, or is otherwise cancelled.

M. Hayes
M. HAYES

Distribution:

PERSUPPACTSANDIEGOINST 5126.1H, Lists I and II

1993

TEMPORARY ADDITIONAL DUTY (TEMADD) TRAVEL ORDERS

1. FROM: Issuing Officer/PERSUPPDET					2. STANDARD DOCUMENT NO. N6855394T0000* *			
3. TO: Name of Individual(s) Being Ordered on Funded Emergency Leave (OUTUS), Branch of Service and no others (Include Dependent Names and Ages of Children)					4. TANGO NO. T0000* *			
					5. SSN/DESIGNATOR Mbr.'s SSN			
					6. DATE Prepared (date)			
7. REF: (A) As Appropriate					8. <input checked="" type="checkbox"/> INDIVIDUAL TRAVEL <input type="checkbox"/> GROUP TRAVEL			
9. PROCEED ON OR ABOUT Date		10. AUTHORIZED PROCEED ON OR ABOUT Time/Date		11. APPROXIMATE NUMBER OF DAYS 60 Days		12. ESTIMATED DATE OF RETURN Date		
13. ITINERARY (Activity/activities and Place/places indicated below) As appropriate					14. <input checked="" type="checkbox"/> TEMADD <input type="checkbox"/> TEMADCON <input type="checkbox"/> TEMADOINS			
					15. REASON FOR TRAVEL: ICW Funded Emergency Leave			
					16. <input type="checkbox"/> AUTHORIZED VISIT SUCH ADDITIONAL PLACES AS MAY BE NECESSARY			
17. FISCAL DATA ACCOUNTING CLASSIFICATION								
APPROPRIATION SYMBOL AND SUB-HEAD (1) (2)	OBJECT CLASS (3)	BU CONT NUMBER (4)	SUB-ALLOT NUMBER (5)	AUTHORIZED ACCTG ACTY (6)	TYPE (7)	PROPERTY ACCTG ACTY (8)	COST CODE (9)	
(7 SYM) (4 SYM)	(3 SYM)	(5 SYM)	(1 SYM)	(6 SYM)	(2 SYM)	(6 SYM)	(12 SYM)	
AA1741804.702A	000	68553	0	068688	2D	0000* *	685534EDE02E	
18. ESTIMATED COST						19. CUSTOMER IDENTIFICATION CODE		
TRANSPORTATION \$ PRICE OF TICKET		PER DIEM \$00.00		MISC. EXP. \$00.00		TOTAL \$ PRICE OF TICKET 34 T00 * * N68553VV		
20. ITEM: (Use applicable item numbers as shown on reverse side of this form) As Appropriate								
"Report to a Disbursing Officer within 10 days after completion of travel to settle your travel expenses."								
21. ADDITIONAL COMMENTS AND INSTRUCTIONS: MBR Domiciled in (Show Country). Residence or Place of Acceptance Endorsement PSD NAVAL STATION DUTY SECTION: ISSUED MTA #AF-029883 FLT MAC 19 LAX/CRK OPEN RETURN. COST \$1046.00						22. SECURITY CLEARANCE: IT IS CERTIFIED THAT YOU HOLD A _____ BASED _____ COMPLETED _____ BY _____ (PLUS _____ YEARS SERVICE)		
23. AUTHENTICATING SIGNATURE Authorized Signature						FOR SONIA M. TOWNSEND, TO		
TRANSPORTATION REQUEST/MAC TRANSPORTATION AUTHORIZATION FURNISHED:								
25. COPY TO: (Include Operating Budget/fund manager in all cases)								